

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09550878</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">04-17-00</div>	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
44	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	<div style="font-size: 1.2em; font-family: cursive;">3</div>								
TOTAL DEP.	<div style="font-size: 1.2em; font-family: cursive;">18</div>								
TOTAL CLAIMS	<div style="font-size: 1.2em; font-family: cursive;">21</div>								

Best Available Copy